

The Scope



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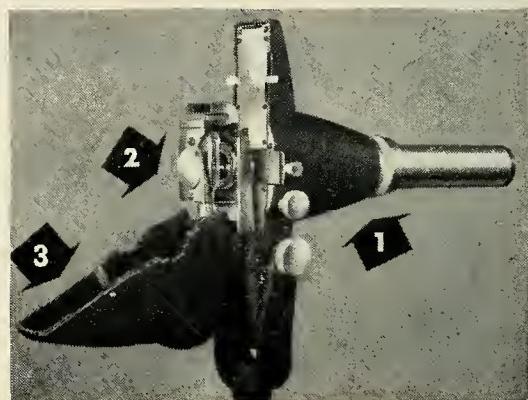
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WHERE SHALL I START MY PRACTICE?

Harry E. Pine, O.D., D.O.S.*

Chicago, Ill.

When the average small boy is asked what he wants to be "when he grows up," the chances are that you will find his ambition is to be a policeman, fireman, or cowboy. His ideas and ideals change with the years, however, just as yours and mine did, and he, on reaching young manhood, is confronted with the eternal and very important question — "What shall I do with my future?"

Thousands of young men and women have decided that they will devote their lives and their fortunes to the practice of Optometry, and as the time of their graduation nears they are again faced with the important decision which I have used as the title for this paper — "*Where Shall I Start My Practice?*"

Several factors combine to make the profession of Optometry an uncrowded one at present. Comparative statistics with other professions are of interest. On the basis of the 1940 census, it is figured that if every physician in the United States were allotted an equal proportion of the entire population, there would be only 850 prospective patients for each physician. On the same basis, for every dentist there would be approximately 1,590 patients; and for every optometrist there would be more than 7,900 patients. It has been estimated by the Public Health Bureau of the American Optometric Association that one optometrist to each 4,000 people is desirable. This is probably true if we consider the total population of the United States as against the total number of optometrists; but to my mind the problem cannot be resolved quite as simply as that, for in choosing a place to practice we must take into account several factors which cannot be settled by bare population alone. In choosing a location we must study not only how many people live in

or near a given place, but *what kind* of people they are — whether or not they now feel a need for our kind of service, or whether we would be faced with the necessity of first educating the local public to an appreciation of its need, and finally whether or not, even when "sold" on the need, the local public would be, on the average, financially able to avail itself of our services. Mere population does not and cannot answer these very important questions.

Do not be overly influenced by population figures alone. Four thousand skilled factory workers will have far greater need for our services, and are much more able to pay for such needed services, than an equal number of cotton field hands. In picking your future location it is wise to avoid a one-industry town, for a business slump or a strike can paralyze such a town, whereas a city with a number of smaller plants of diversified industries, backed up by a good farming territory, will keep more prosperous, even in times of strikes or depressions.

The college town has both advantages and disadvantages. College students, making as they do such great demands on their eyes, are of course therefore good prospects for the optometrist. They, however, no matter how well pleased with the services rendered, graduate in time and return to their home towns and do not become permanent patients.

Most winter or summer resort cities are not too good for optometrists. The off-season population is about all that should be counted, as most visitors will have taken care of their eye needs before leaving home. If they have a necessity to visit the resort town optometrist at all, it is usually for emergency lens replacements only and this is really the work of the optician.

In choosing a location we must also keep

* Past President, American Optometric Association.

in mind the fact that we are choosing the environment in which we will be spending the balance of our lives and in which we will rear our families. I have spent all of my adult life and most of my childhood in very large cities, but in spite of the current popular song, "If I Had My Life To Live Over, I'd Do the Same Thing Again," I very definitely would *not* do the same thing again. I would take up optometry again, marry the same girl again, join the same church again, but I would cast my lot in a smaller town. I like the people and I like their way of living, and I would feel, I believe, that I was serving a more useful purpose in the world. There you will find the real America. Big cities are a parasitical growth existing at the expense of the country at large.

Some may say they are attracted to the big cities by their "cultural advantages," but it is my observation that these advantages, even where existent, are not taken advantage of by a very large proportion of the population. These cultural advantages are, to my mind, simply the frosting on an otherwise rather unappetizing cake and are purchased at far too great a price.

I choose to live in a suburb, and I spend two and one-half hours every day simply getting to my office in the morning and getting home again in the evening. Of course I could live somewhere nearer my office, and probably by living in some crowded apartment neighborhood I could cut down my daily travel time by half.

I have optometric friends practicing in smaller cities who can drive from their very comfortable homes to their well equipped and prosperous offices in a matter of a few minutes, and can get from their offices out to a country club for a round of golf or to the beach for a swim in six or eight minutes. I spend that much time waiting on a street corner for a streetcar to take me to the railroad station to catch my train to take me to my suburb! Many hundreds of big city optometrists are so busy "making money," that they have no leisure left in which to "make a living." There

is a vast difference; but unfortunately youth can not always see it until youth has gone, and middle age robs most of us of the courage needed to make a change.

There are literally many hundreds of towns in the United States where a genuine need for optometrists exists. In the larger cities, on the other hand, especially one where there is a school of optometry, there is not this need; in fact, the recent optometric graduate attempting to start practice will meet in most cases with heartbreaking competition, since students who make friends during their college years tend to try to establish themselves where they have contacts and friends. In these cities the field is at present overcrowded, and is constantly becoming more so.

The medical and dental profession are also faced with the necessity of securing a better distribution of physicians and dentists. There are many communities in the United States in which there is neither a physician nor a dentist practicing, and the need there is great. They, like optometrists, tend to gravitate toward the thickly populated centers. In the building in which my office is located, there are literally dozens of physicians and dentists (and three other optometrists). Just this morning I received from a state Optometric Association a list of cities within that state, some with populations of as much as 7,000, in which there are no optometrists practicing, and others of 12,000 in which there is only one optometrist.

I have on my desk at present a number of bulletins issued by other state optometric associations which are attempting to assist the recent graduate in choosing an advantageous location. I do not wish to name specific towns, but will make some random quotes from these bulletins:

" City, _____
County. Population over 3,000. Population
of County, 10,000. There are no oculists or
optometrists practicing in _____, or
in the entire county."

" Population more than 10,000. Sur-
rounding population, 25,000. No oculists or
optometrists. Chamber of Commerce advises
that this city needs optometrists."

" . . . Population approximately 4,000; no oculists or optometrists. The closest one is 100 miles away."

" . . . Population 5,200; surrounding population 10,000. No oculists or optometrists here."

" . . . Population 4,500; surrounding population 6,500; no oculists or optometrists. Chamber of Commerce wants optometrists to locate here."

I could give page after page of such examples. Statistics have been compiled by the American Optometric Association which prove beyond a doubt that the small city optometrist actually makes more money than the big city optometrist. Rather than present this argument in the form of dry figures however, I have chosen to present it in terms of human values, to appeal to your good sense rather than to your pocketbook.

The foregoing is a very small example of hundreds of such opportunities existing all over the country, IN THE SMALLER CITIES. Many, if not most, of the large cities have just about reached, or passed, the saturation point; due to faulty distribution of existing optometrists, some cities have reached a point where they are a poor risk for the newly licensed optometrist to attempt to establish a practice.

My advice was asked about where to establish a practice. In this case, as in but few others, optometrically speaking, I will have to advise "Do as I say — *not* as I do."

To sum up, I would earnestly advise the recent graduate to choose a good small city where there is a real need for his services. He will find himself an important man in the town affairs, make friends quickly, and probably enjoy a larger income than most of the big city optometrists. He will get more out of life, and when he departs it he can go with the knowledge that he has really served humanity *where he was needed*. The small town is the real backbone of America, and the small town optometrist is the backbone of optometry.

Many of the finest practices are enjoyed by optometrists in the small cities and towns. With

the probable exception of Ralph Barstow, I have been in as many optometrists' offices from coast to coast as any other optometrist, and I have seen a great many small town optometric offices which were in every way a credit to the profession. I have been told that one of the largest one-man practices in the entire country is enjoyed by an optometrist who has his office in a town of only a few hundred population! His patients come to him from all over his own state and two adjacent states. Locating in the small city of Rochester, Minnesota, did not bury the Mayos.

Do not view these small cities as "hick towns." Far from it. They are fully as much in touch with the world's going on as the large cities. The biggest "rube" is not the countryman in the city, but the city-man in the country.

Do not hesitate to start in a small city, fearing that you will isolate yourself from optometric developments, for you can keep up to date by attending your State Association conventions, by subscribing to all optometric publications, and through the Optometric Extension Program. You can stay as up to date in your manner of practice as you want to, whether you practice in Frozen Nose, Idaho, or in Times Square, New York City. It's the size of the man, and not the size of the town, that counts. Start your practice in a good small town where you are needed, and you will get more real pleasure out of your life while you are living it.

Since I started to write this article a new avenue has been opened to the recent optometric graduate. A short time ago President Truman signed H. R. 3215. Under the new law optometry becomes a corps under the Department of Medicine in both the Army and Navy. An optometrist with the rank of Colonel (Army) and Captain (Navy) will head the Optometry Corps. Commissions will be granted to qualified optometrists in the Regular Navy and the Regular Army, as well as commissions in the Reserve Corps of both branches of the Service.

(Please turn to page 7)

OPTOMETRIC PATHOLOGY

Arthur O. Bruce, M. D.

Keratoconus

Keratoconus, or conical cornea, is a condition in which the central part of the cornea loses its normal convexity and assumes the form of a cone. The change is unaccompanied by inflammatory manifestations, and the corneal substance usually retains its normal transparency. Occasionally at, or very near the apex, a small opacity may be found.

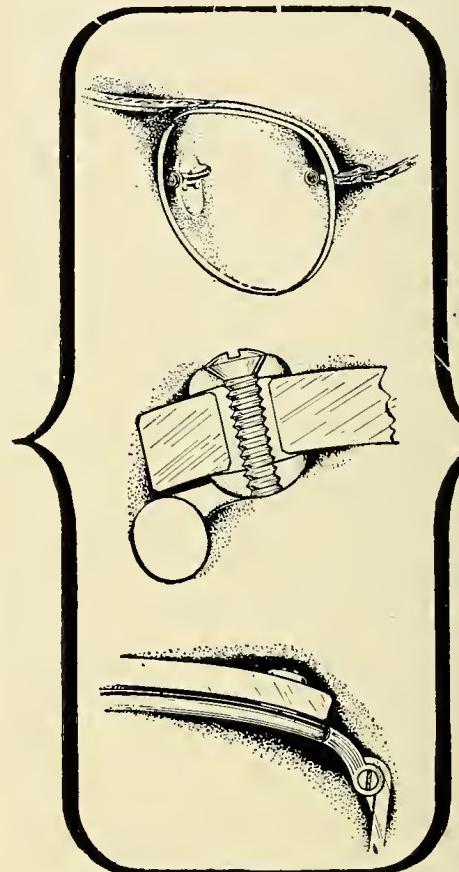
The apex of the cone is usually not in the center, but below center. Dr. Noyes believes that this position is caused by pressure of the border of the upper lid. It has been noticed that females are more apt to have this type of anomaly than males. Both eyes are usually involved. It is seldom that conical cornea is recognized before the age of twelve to fourteen years. The protrusion of the cornea is usually moderate in amount, although a cone three-quarters of an inch long has been reported. It is quite possible to overlook this condition when it is very slight but when it is viewed in profile, we have no trouble in recognizing it. Most cones, even small ones, present a peculiar, sparkling, diamond-like brilliancy, resembling a piece of crystal imbedded in the corneal center.

When the cornea is illuminated by the ophthalmoscope or retinoscope, the reflex is observed to be smaller at the center, and a dark circular shadow may be seen between the limbus and the center. The fundus picture is distorted. It is also easy to demonstrate the presence of the cone by Placido's Disk or the mires of the ophthalmometer.

The first mention of conical cornea in the literature is by Demours of Paris, in 1747. It was described by Scarpa of Paris in 1802.

The exact mechanism of development is not known. Some believe that it is a congenital deformity, like high degrees of myopia and keratoglobus. Others say that it is probably a

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Shuron

(Please turn to page 13)

STARTING PRACTICE

(Continued from page 5)

I recall the words of Commander R. R. Sullivan, issued at the banquet during the A.O.A. Golden Jubilee Congress. He said that this was the greatest opportunity for optometry to prove its worth. He stated that the real recognition of optometry would be reflected in the conduct and calibre of the men who gained the commissions. He is absolutely correct in that assertion.

I urge capable and energetic optometrists to apply for the first commissions. It might also

be wise for young optometrists to consider this type of practice.

Many young men would enjoy this type of practice, even if they choose to remain on active duty for only a few years after graduation. The experience gained will prove invaluable and the prestige of the position will be a great help in later life when establishing a private practice. The life of a Navy or Army officer is rather pleasant in peace times. I know, as I was discharged as a Major (Cavalry).

8 So. Michigan Ave.
Chicago, Ill.

**Forty Years of Manufacturing
"Lenses Worthy of Their Name"**

THIS year is TITMUS' 40th Anniversary. Ever since 1908, when our Founder and President, Edward H. Titmus, started making ophthalmic lenses in his little Sycamore Street store, the TITMUS guiding principle has been and always will be "FIRST QUALITY"—"Perfex"—"Bonvue"—"Velvet-lite"—"Contra-Glare"!

TOP: First TITMUS lenses were made in small shop in rear of this retail store at 22 Sycamore Street. RIGHT: In 1920, 400 men and women were employed in this TITMUS plant. ABOVE: Recent aerial photo partially shows the several TITMUS plants in Petersburg today.

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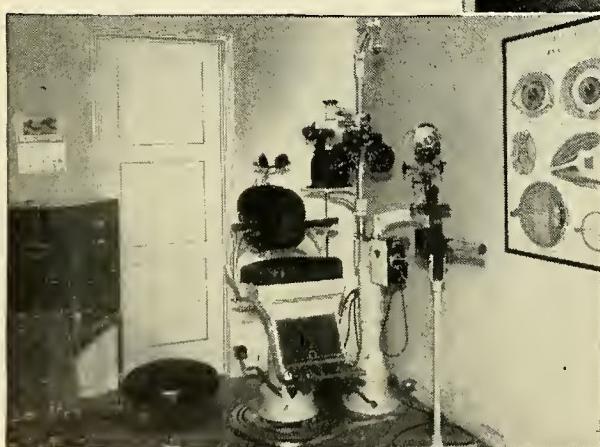
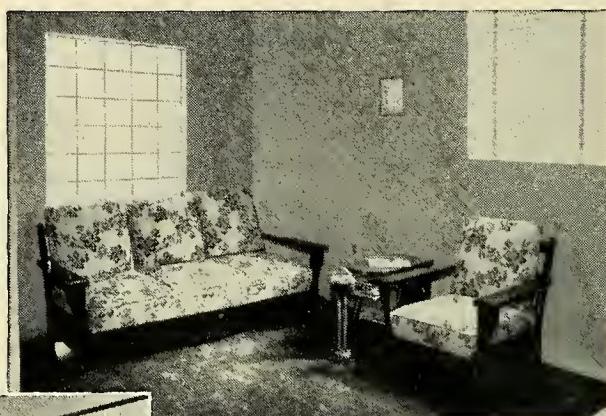
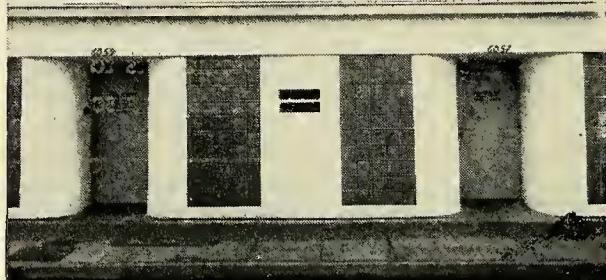
A Professional Office In A Professional Building

Dignified professional offices are not starry-eyed dreams of the future but rather realities of today. A case in point is the wholly professional office of Dr. D. Ray Dickey, Optometrist in the Dickey Professional Building, Los Angeles, California.

Greater professional recognition for the doctor, greater confidence and satisfaction for the patient are sure to result from such an arrangement.

Many optometrists are now deserting their commercial store - type method of selling glasses, are converting store fronts to office fronts and in other ways emphasizing their professional practice. Optometrists who are doing this find many benefits accruing.

DICKEY PROFESSIONAL BLDG.



FOLLOW THESE FOUR SIMPLE RULES

- A. Eliminate your "display window".
- B. Remove fitting table and displays from reception room.
- C. Remove outdoor signs; replace with dignified name plate.
- D. Render professional services on a fee basis instead of "selling" eye glasses.

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AO BOOKLET DESCRIBES TILLYER, CALOBAR LENSES

We have received from the American Optical Co. an announcement of two new pamphlets on corrected lenses: "A Mathematical Problem 20 Years Long" and "Maximum Marginal Benefit through the Tillyer Principle." The former recounts the development of AO's answer to the problem under the supervision of Dr. E. D. Tillyer; the latter explains the variations which occur in uncorrected lenses near the edge and the principle on which Dr. Tillyer made the correction.

These pamphlets, prepared especially for the ophthalmic professions, will be mailed on request from AO Zone Headquarters or direct from Southbridge. Also available is a demonstrator which shows the advantage of the new 52-mm.-square Tillyer uncut cylinder lens.

MSO BUILDING FUND CREATED BY BOARD OF TRUSTEES

Climaxing many years of postponed plans, the Board of Trustees of the Massachusetts School of Optometry has taken its first concrete step toward solving the school's housing problem with the creation of a Building Fund. Its resources will be used to either construct new quarters to meet the growing needs of the institution, or, if necessary, to remodel some suitable building.

In announcing their action, the Board named Dr. Oscar McCullouch, Holyoke, and Dr. Joseph Montminy Sr., Lowell, as co-treasurers. No mention was made of a specific program to increment the Fund, but the Board undoubtedly has plans for adding to it as moneys from other sources become available.

The problem of securing permanent and adequate facilities has long been a major consideration of the MSO administration. The prospect of an enlarged student body, spurred by the increase in student applications and the soon-to-be inaugurated five-year curriculum, has made the problem even more acute. Thus, while necessarily a long-range program, the Board's action is nevertheless a propitious one, and augurs well for MSO's future position as one of optometry's leading educational institutions.

A recent AO release tells of a new, colorful booklet which the company is distributing to the ophthalmic professions. The booklet points out the value of Calobar as a material in which prescriptions can be interpreted, so that protection against glare is combined with visual correction. It also describes and pictures the various styles in which Calobar sun glasses are available.

The company expresses the hope that practitioners will find this pamphlet useful in helping patients to select the styles of sun-glasses they prefer.

Senior Segments

by Ray Ross

With the passing of another examination period we join Golub in removing our pedal supports in order to count the remaining days to Graduation. Believe me, 'tis later than you think.

With G-Day so close at hand, and Board exams shortly thereafter, the thoughts of every senior at M.S.O. are primarily concerned these days with those two momentous occasions.

Climbing 'way out on the proverbial limb we're going to risk our perfect record of being 100% correct 13.5% of the time, and make some predictions of things to come.

We predict that:

1. Contrary to all rumors a majority of the class *will* graduate on Friday, June 11, 1948.
2. At least one out of every four members of our class will be practicing optometrists within the next ten years.
3. Gould will have no more hair in 1958 than he had in 1948.

Following our last issue we were informed by Marvin Sills that we had only a few more months in which to cover the biographies of the remaining characters in the Senior Class. Inasmuch as it is not our intention to continue contaminating this page in the Scope for the next forty months, we decided that a synthetic character who manifested the traits of a typical M.S.O. Senior would adequately solve our little problem. Without further ado we introduce:

THE CHARACTER OF THE MONTH EVEREADY Q. TSCHERNHOLZ

Our hero was born about 25 years ago with a constant alternating left hyperesocyclopia. Following years of training during his childhood the defect was transferred to his right eye so that it would correspond with his natural master hand and eliminate his baby-talk. During these numerous training periods there developed a close friendship between Eveready and the Bird in the Cage. The two had long conversations together, interrupted only by the

alternate flashing cam on Number Two Rotor. It was during one of these long confabulations that our boy was convinced of his future in Optometry, and, after the necessary preliminaries, applied for admission to M.S.O.

It has been a long, hard struggle since the first day we wrestled with an amoeba and broke the Law of Sines. He has now reached the stage where he can very easily stand on his head in order to reverse the findings in an overconditioned adductive case.

Most of his spare moments are spent gazing into space, usually directing his blank stare through the classroom window. When asthenopia sets in he invariably retires to the restful confines of Danny's Cafe, where his innervation is redistributed with the aid of his specially concocted cocktail: one jigger of ST-37; one dash of formaldehyde; three drops of HC1; and two fingers of gingerale.

When his days at M.S.O. are over he plans to do some intensive research on "The Percentage of Fatalities Following Total Occlusion."

NOTE: Any similarity between our hero and any one member of our class is purely deliberate.

Having dispensed with the subject of "characters" we turn to the less abstract developments of the Class of '48.

Ever since the Convention of the New England Council of Optometrists Herman Smith has been trying to determine who Evelyn is. Any person possessing the information will kindly break the news to him gently.

Speaking of the Convention we would like to take this opportunity to express our appreciation to the Univis Lens Company for their fine show of hospitality toward the student guests. Their group of representatives, headed by Vice-President Roy Marks, were just as entertaining as ever.

See you all again soon —
B'Eye.

Junior Jargon

By Joan Pasakarnis

We have been Juniors long enough now to be very much at home in our new dignities. Long ago, when we were only sophomores and had just bought our black doctors' kits, we felt very professional and proud as we flaunted them in full view on the way to and from the clinic. But at the least suggestion of bad weather, we'd wrap our kits up in newspaper or cover them with our coats, solicitous of their beauty and gloss. Yes; that was when we were sophomores. Now, what a change! We scurry to clinic amidst the raindrops, nonchalantly protecting our faces from the wet with — yup, our black kits.

Pathology lectures have been concerned lately with such things as tumors, thrombi, embolisms. Hence the following dialogue:

Prof.: Where is this embolism likely to travel, Mr. Yokum?

Yokum: Er-ah-er . . . to the brain?

Prof.: Well, not to the beauty shop!

Notes from Jocular Anatomy:

The cornea is composed of five layers. As it is completely transparent, you can't really see it. *Ergo*, you can't distinguish the five layers. So how do you know they are there?

Physio is now referred to as the mystery serial in Technicolor. La classe went en masse to the International Printing Ink Company, in Cambridge, for a lecture and demonstration on color and the spectrophotometer. The mystery is what it's all about.

Optometry. We are studying the art — and what an art! — of taking case histories. Without the slightest warning you spring the question, "How old are you?" The answer depends on the patient; and some women patients have trouble in remembering the right answer. One elderly radio comedienne used to answer thus, year after year:

Q. Where do you live?

A. Hollywood.

- Q. What is your age?
A. Thirty.
Q. Where do you work?
A. M-G-M.
Q. What is your wage?
A. Thirty.

P. O. teaches us that there are three types of bridge: the *oxford* for those who wear shoes, the *wrap-around* for late sleepers, the *high bridge* for those with broad smiles. Any patient you cannot type in one of these categories, you fit with a *pince-nez*.

Histology lab still finds some of us student microscopists meticulously drawing the specks of dust on the slide and the fallen eyelashes on the eye-piece.

Place, Physio lab. Characters: Prof. and Bill. Bill has been boning up on radial astigmatism, and is flushed with a sense of mastery. He strides up . . .

Bill: Ask me a question. Any question!

Prof: O.K., where do you live?

We've all mastered in theory the art of snapping lenses in and out of zyl frames without breakage; but the most casual suggestion of "show me how" clears the room of zyl-frame owners faster than a fire drill.

(*Miss Pasakarnis has taken a leave of absence to recuperate from a recent auto accident. The Scope wishes her a speedy recovery and expresses its appreciation for her work and spirit as a member of the staff.—Editor*)

It's All Greek To Mr. Fogg . . .

We understand that Mr. Fogg's 16-month-old son talks all the time now (heredity, he says), but that's all Greek to his daddy. The latter was looking through the big dictionary the last time we saw him, trying to find his son's prefixes and suffixes.

Soph Shots

by Egon Werthamer

Well here we are, finally in our sophomore year, and it has arrived much faster than we all expected. The excitement and rush of the finals is over and done with, and we can settle down to trying to outguess our instructors.

It is really amusing to stand in the corridor just before an examination and watch the types that appear. First, there is the character who goes from group to group swearing to high heaven that he knows what is going to appear on the quiz — actually he does not even know whether there is going to be one, but he feels it his duty to relieve the anxiety of his brethren. Then there is the fellow who stands leafing through his notebook, trying to remember the most difficult organic equation. He bites his thumb three times, repeating the formula after each time (that is his traditional method of memorizing anything — three bites on the thumb and he knows it), and then he struts into the room and sits down. He remembers the chem all right; but the absent-minded professor is having a math quiz . . . Then we have the genius, who drew a 99 in the course last trimester. When asked for the answer to any question, he willingly sinks into his fund of knowledge and gives. The news passes around the hall that "the guy that got 99" had said that this was the answer to that particular question; and if the instructor happens to ask that question, he is amazed no end that everybody in the class has the same answer — the wrong one. As my friend Al Lubin always said, it is not the questions that are hard, it is the answers.

It is high time that we stop a certain silly and childish practice that has sprung up in our class. Every time we touch on a new topic, somebody in the class asks the inevitable "What is the practical value of this topic?" If you stop to remember to what use you have put all the education you have accumulated so far, your honest answer must be none. If you study something today and you can see no sense to it, remember that education is not an article

that is bought and used right away, but it is like a good wine, which expands and mellows with age, years after it has been put up. Education is one of the most precious things in life, especially in our case, because it will be the means by which we will sustain our families; and every new particle of learning, no matter how insignificant or out-of-the-way it may seem at the present time, should be accepted as what it is — a small part of your education which will round you out as a professional man and a better citizen of this world.

The Leap Year Dance held at the Copley-Plaza on February 28, 1948 was a complete success and everybody had a wonderful time, especially Tom Lesniak, although I doubt if he remembers much of it. Koffman and his girl made quite a stunning couple, and I wouldn't mind having her telephone number. (Yes, I still love you, Rita . . . No, I do not want to go out with any other girls . . . I wasn't with her last Wednesday evening — we had a frat meeting . . . Honest, sugar, she doesn't mean a thing to me; I am just writing a column . . . O. k.! O. k.!) To preserve peace in my home, I now publicly state that I do NOT want Koffman's girl's telephone number. Lenny Samit's date left him; that is the first time any of us have ever seen him have trouble with a woman. Leaving the dance, someone brought it to my attention that on the sign outside the State Suite, which had read "Dance of the Mass. School of Optometry" the "M" had slipped out.

Al Flagler is so used to having his bills paid by the government that, when the other day he went to order his noon-day meal at Sharaf's, he completely amazed the waitress by asking her if he could get the meal under the G. I. Bill of Rights. Dr. Harris made a little mistake in his lecture on genetics methinks, by stating that sterility cannot be inherited — Are you positive?

I guess that is the "3-0" mark for tonight and I will see you all in the next issue.

KERATOCONUS

(Continued from page 6)

gradual and slowly advancing atrophic process in the cornea at or near its center, and that the normal intraocular tension acts so that the conical form is produced. Salzmann found thinning of Bowman's membrane and many gaps in its continuity. These gaps were filled with a peculiar connective tissue, unlike the corneal stroma, containing elastoid fibres. Many other historical changes were found in other layers of the cornea.

The early attempts to remedy the distressing symptoms of conical cornea by surgery were aimed at alteration of the structure behind the cornea, rather than to change the nature of the deformity itself. A great many operative procedures were done. Needling the lens was the first one. (Sir Wm. Adams, 1817). In 1840, Tyrell advocated making a new pupil near the margin where the curvature was least changed.

In 1847, Dix of Boston was puncturing the cornea at its periphery, hoping to reduce the cone. Von Graefe in 1866 advised removal of the epithelial layer of the cone at the apex and cauterizing it, causing flattening by cicatrical contraction, and a great many more operations were advocated with more or less success.

The best results in treating this condition have been obtained by the use of contact lenses. It is in cases of this kind that the contact lens is most beneficial and frequently the vision is greatly improved. As a matter of fact, it was to relieve conical cornea that contact lenses were first used. They should be prescribed in all cases of this kind, because they give the patients so much better vision than any other form of treatment. The bother and slight discomfort caused by contact lenses is of no consequence in these cases, and it is the only means we have at present of giving them anything like good vision.

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With a biting April wind whipping the sand into their eyes, the Sophomore Tigers defeated the valiant but under-manned Junior Apes on April 11, 1948, at Fens Stadium by the score of 15-9. The sophomores under Captain Norman Rice, while committing seven errors, pounded out twenty-one hits, including three home-runs by Stu Berger, Al Lubin and Al Vachon from the assorted offerings of the junior pitchers, while the juniors under Captain Burt Krassin connected for fourteen hits, including a home-run by Hank Wilson in the 6th inning.

Somebody stole second base in the eighth

inning (the culprit has not been apprehended as yet). In the same inning, Robinson in fielding the ball hit Moss on the head—he probably thought Fred was second base. Wilson's little girl Barbara was so cute that she was adopted as mascot for both teams, despite the fact that she kept running out on the field to see how Daddy was doing. Moody won the "laziest man" title with no trouble as he stood out in center field with his hands in his pockets and muttered to himself every time a fly ball came his way.

Let us hope that this ball game will be a precedent for more intra-class athletic activities, and that they will attract an increasing number of the student body to get out into the fresh air and blow the ether of anatomy lab out of their lungs by rooting for the teams.

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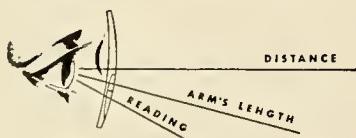
Patients with similar complaints are nothing new. When a presbyope requires a two diopter addition, he does so because he has approximately one diopter of amplitude left, half of which he can exert comfortably in reading. The result is that while he can see clearly

times by an annoying zone of blur in the arm's length visual area. (*See cut*)

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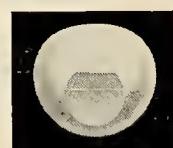
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